From: SANTOS RIVERA OLAN CPA

407 380 7353

07/09/2014 16:42

#802 P.001/004

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANTOS RIVERA

Account Number : 120000000169

: (407)380-5353

Fax Number

: (407)380-7353

**Enter the email address for this business entity to be used for er the email address for this business chart, address please. Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUST 4 FUN, LLC

Certificate of Status	0
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Page Count	03
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



Ŧ,

JUST 4 FUN, LLC (Name of the Limited Liability Compani (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company values of Organization for this Liability Company values of Organization for this Liability Company values of Organization for this Company value of Organization for Organization for this Company value of Organization for this Company value of Organization for this Company value of Organizati	were filed on JULY 1, 2014	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
the new name must be distinguishable and end with the words "Limited Liabi inter new principal offices address, if applicable:	lity Company," the designation "LLC" or the	: abbreviation "L.L.C."
Principal office <u>address MUST BE A STREET ADDRESS)</u>		
todana and management to a substitution of the		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:			2014
New Registered Office Address:		X 7	ال
	Enter Florida street address	000	-9
	, Florida	Zip Code	*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to as in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

(N14000164430 3)

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member **Title** Name Address Type of Action 2101 BARRATT COURT MGR GILBERTO SANTIAGO SAINT CLOUD FL 34771 Remove 2101 BARRATT COURT MILAGROS A. BENITEZ MGR SAINT CLOUD FL 34771 2101 BARRATT COURT GILBERTO SANTIAGO AMBR. SAINT CLOUD FL 34771 2101 BARRATT COUR MILAGROS A. BENITEZ **AMBR** SAINT CLOUD FL 34771 _□ Add ☐ Remove

(N140001644303)

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u> </u>	
Effective	e date, if other than the date of filing: JULY 9 2014 (optional)
(THE CHECK	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated J	JULY 9 2014
150.00	Colberto Santiaa Signature of a member or authorized representative of a member
	GILBERTO SANTIAGO
	Typed or printed name of signee

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